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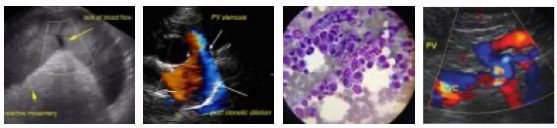


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Kona Burns

SPECIES

Canine

BREED

Akita X

SEX

Female Spayed

AGE

11 years

WEIGHT

59 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Forest Valley VC

REFERRING VET

Dr Schiffgrens

INVOICE

12645

DATE

4.3.23

PRESENTING CLINICAL SIGNS

History: Bloodwork unremarkable Patient has lost over ten pounds since last exam. Waxing Waning anorexia, and stools have been normal. Abdominal palpation unremarkable. No radiographs taken Concerns for intestinalis neoplasia.

Abnormal PE/Chem/CBC/UA Results: Current Medications Dispensed Cerenia to client on 3/31/23
Radiographic Findings: none taken

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder bladder is mildly distended with anechoic urine. The wall in the region of the apex is thickened (up to 0.77 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the proximal urethra are normal.

The left kidney is normal in size (7.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.68 cm at cranial pole) (0.63 cm at caudal pole) (3.11 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in normal size (1.72 cm at cranial pole) (0.76 cm at caudal pole) (3.14 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.44 cm in width at the level of the hilus) with a normal capsular contour. There parenchyma is diffusely heterogenous in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in

thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Findings

- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., idiopathic/endocrine) is suspected, with a lower possibility of a more insidious hepatic pathology.

  *An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include occult neoplasia, underlying metabolic issue, orthopedic or neurologic disease, other.

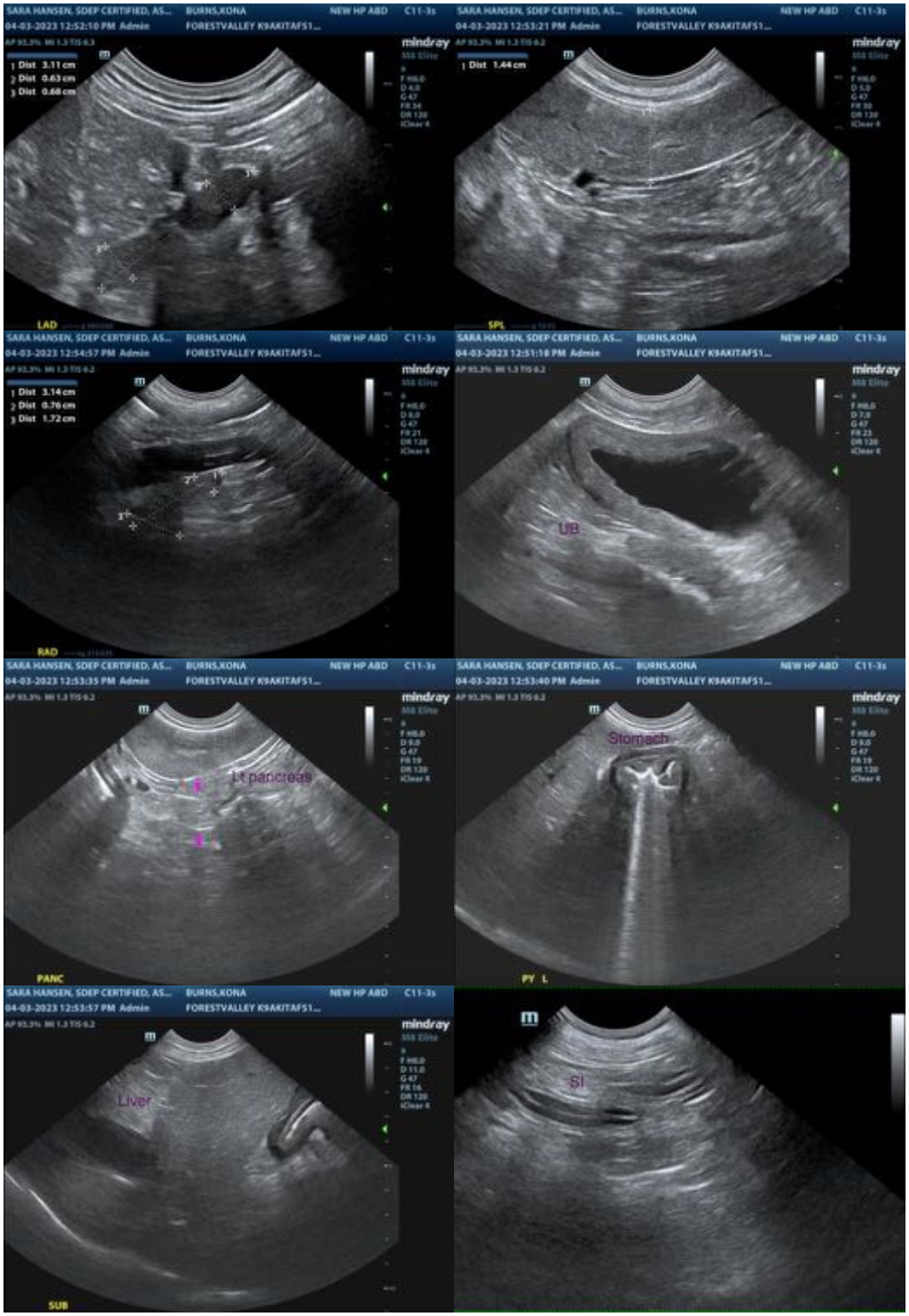
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

- Orthopedic and neurologic examinations are also recommended to assess for nonmetabolic causes for the patient's clinical signs.

- Also consider a fecal evaluation for ova and Giardia as well as a GI panel including serum cobalamin and folate, TLI and PLI.

- A fine-needle aspirate of the spleen may also be warranted to further evaluate for emerging round cell neoplasia. A 25-gauge needle should be used for aspiration.


SARA HANSEN, SDEP CERTIFIED, AS...
BURNS,XONA
NEW HP ABD
C11-3s
04-03-2023 12:52:10 PM Admin
FORESTVALLEY K9AKITAFS1...
mindray
Dist 3.11 cm
Dist 0.63 cm
Dist 0.68 cm
LAD
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Dist 1.44 cm
SPL
04-03-2023 12:54:57 PM Admin
Dist 3.14 cm
Dist 0.76 cm
Dist 1.72 cm
RAD
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UB
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Lt pancreas
PANC
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Stomach
PY L
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Liver
SUB
SI

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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